

Registration Form: *Lexington Local Office* Kentucky Department for Employment Services

300 South Upper Street
Lexington, KY 40508
Fax: 859-246-2014

Last Name		First		Middle		Social Security Number	
Address		Number and Street		City		State Zip Code	
Email Address:						Telephone Number + Area Code () ()	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Military Service (Mth/Day/Yr) From To		Date of Birth (Mth/Day/Yr) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnic: <input type="checkbox"/> W/NH <input type="checkbox"/> Amer Indian / Alaskan Native <input type="checkbox"/> B/NH <input type="checkbox"/> Asian & Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other/INA
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Yrs Educ	Degree/Major		Date Degree Received / /	School Attended		
Current Licenses or Certificates (Give State in which issued)							

WORK HISTORY

Employer		Describe Duties and Responsibilities	
Address			
Employed (Dates)	Salary		
From To	\$ Per:		
Title of your Position:			
Employer		Describe Duties and Responsibilities	
Address			
Employed (Dates)	Salary		
From To	\$ Per:		
Title of your Position:			
Summary of other relevant Work Experience. Include kind(s) of Work Performed, Equipment, Tools, Machinery, Computer Software Used, etc:			